12/07/2007 09:24

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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Dermatology Association Political Action Committee 1350 I St NW ADDRESS (number and street) Ste 870 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00359539 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2007 30 2007 1 1 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Steven Debnar Type or Print Name of Treasurer Electronically Filed by Steven Debnar 12 07 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Academy of Dermatology Association Political Action Committee D D <sup>®</sup> D 0 1 2007 1,1 3 0 2007 1.1 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2007 178898.71 January 1 (b) Cash on Hand at 230080.73 Begining of Reporting Period ..... 32260.00 323316.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 262340.73 502214.71 6(a) and 6(c) for Column B) ..... 5601.37 245475.35 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 256739.36 256739.36 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

(subtract Line 18(c) from Line 19) .....

American Academy of Dermatology Association Political Action Committee

0 1 3<sup>D</sup>0 м N 1 1 м м 1 1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 25555.00 268501.00 (i) Itemized (use Schedule A) .......... 5705.00 53815.00 (ii) Unitemized ..... (iii) TOTAL (add 31260.00 322316.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 31260.00 322316.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 1000.00 1000.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 32260.00 323316.00 12, 13, 14, 15, 16, 17, and 18(c)) ..... 20. Total Federal Receipts

32260.00

323316.00

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating  Expenditures	1101.37	5975.35
	(c) Total Operating Expenditures		
, .	(add 21(a)(i), (a)(ii) and (b))	1101.37	5975.35
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	4500.00	237500.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	2000.00
	man Fontical Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		222222
	(add Lines 28(a), (b), and (c))	0.00	2000.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,	5004.07	045475.05
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5601.37	245475.35
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		A / E / =
	from Line 31)	5601.37	245475.35

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

II	I. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) ine 11(d), page 3)	31260.00	322316.00
	Contribution Refunds Line 28(d))	0.00	2000.00
	ontributions (other than loans) act Line 34 from Line 33)	31260.00	320316.00
	Federal Operating Expenditures ine 21(a)(i) and Line 21(b))	1101.37	5975.35
	s to Operating Expenditures Line 15, page 3)	0.00	0.00
•	perating Expenditures act Line 37 from Line 36)	1101.37	5975.35

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 28
TEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and Stateme	ents mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	American Academy of Dermatology Associa	iation Po	olitical Action Committee	_
۹.	Full Name (Last, First, Middle Initial) Michelle Algarin			Date of Receipt
	Mailing Address 451 Jasmine St			11 28 7 9 9 7
	•	State	Zip Code	Transaction ID: f56aedcf6101ac753f6
	Laguna Beach (	CA	92651-1615	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed	ccupation hysician		
			Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	500.00	
3.	Full Name (Last, First, Middle Initial) Arash Asadi			Date of Receipt
	Mailing Address 5820 Charlotte St			11 29 7 2007
	•	State	Zip Code	Transaction ID: 9a90ab9f8e1140ecdc7
	Houston	TX	77005-2414	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Self Employed	ccupation		
		hysician	Year-to-Date ▼	_
	Receipt For:  Primary  General	rggregate	Year-lo-Dale ▼	
	Other (specify) ▼		750.00	
<b>.</b>	Full Name (Last, First, Middle Initial) Garin Barth			Date of Receipt
	Mailing Address 1521 Webb Rd			1 1 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	State	Zip Code	Transaction ID: 82af48ad07ce1703c5f
	West Point 0	GA	31833-4859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Wort Goorgia Dormatology	ccupation hysician		
	-		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	365.00	
s	UBTOTAL of Receipts This Page (optional)			1615.00
_	OTAL This Period (last page this line number only)			
	A LEGIC TO PATION 113CL NAME THIS TIND HIMMON ONLY			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/28 (check only one)  X 11a 11b 11c 12
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Dermatology Asso	ociation Po	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Diane Bernardi			Date of Receipt
	Mailing Address 12277 County Road E35			11 30 2007
	City	State	Zip Code	Transaction ID: a0f534662e94c6f8f2a
	Bryan	ОН	43506-8309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Midwest Community Health Assoc.	Occupation Dermatol		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	
3.	Full Name (Last, First, Middle Initial) Jeffrey Binstock			Date of Receipt
	Mailing Address Ste 905 22 Battery St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: d98b4d598d1b96b3753
	San Francisco	CA	94111-5523	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Dermatol		
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) Sally Booth			Date of Receipt
Mailing Address 2775 S 875 E				1 1 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	<b>Transaction ID:</b> 6c4122a70c75d8e23b6
	Zionsville	IN	46077-9429	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
Rooth Dormatology Group		Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
s	UBTOTAL of Receipts This Page (optional)			1615.00
_	- 1		······································	

TOTAL This Period (last page this line number only) .....

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 28	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	7 17
An	v information copied from such Reports and Sta	tements may	not be sold or used by any perso		
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
\	NAME OF COMMITTEE (In Full)				
/	American Academy of Dermatology Ass	ociation P	olitical Action Committee		
۹.	Full Name (Last, First, Middle Initial) James Brazil			Date of Receipt	
	Mailing Address Ste A 424 Lilly Rd NE			11 06 2007	
	City	State	Zip Code	Transaction ID: 27572acf66ff1f722	82
	Olympia	WA	98506-5132	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		300.00	
	Name of Employer Self Employed	Occupation Dermatol			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	300.00		
 3.	Full Name (Last, First, Middle Initial) Suzanne Bruce			Date of Receipt	
	Mailing Address Ste 650 1900 Saint James PI			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 308cee728db2d4bf	fe16
	Houston	TX	77056-4132	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self Employed	Occupation			
		Physician		_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) ▼		500.00		
— Э.	Full Name (Last, First, Middle Initial) Misty Caudell			Date of Receipt	
	Mailing Address 1097 Glenwood Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: c2eed52ef03c0313	177
	Gainesville	GA	30501-2315	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Dermatology Associates of	Occupation	1	7	
	Northeast Ge	Physiciar			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼		250.00		
S	UBTOTAL of Receipts This Page (optional)			1050.00	
			<u> </u>		
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one)  X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Dermatology Asso	ociation Po	olitical Action Committee	
<b>A</b> .	Full Name (Last, First, Middle Initial) Donald Clemons  Mailing Address 720 Harbor Point Dr  City  Johnson City  FEC ID number of contributing federal political committee.  Name of Employer Tri-Cities Skin and Cancer  Receipt For:  Primary  General  Other (specify)	State TN C Occupatior Physician Aggregate		Date of Receipt  M M M / 12
3.	Full Name (Last, First, Middle Initial) Karen Collishaw  Mailing Address 1350 I St NW Ste 870  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer American Academy of Dermatology  Receipt For: Primary General Other (specify)		Zip Code 20005-3387  on management Year-to-Date ▼ 300.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: 879B35B8-AD54-4F54-  Amount of Each Receipt this Period  300.00
<b>C</b> .	Full Name (Last, First, Middle Initial)  Michael Dans  Mailing Address Apt 16  1826 Broderick St  City  San Francisco  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State CA C Occupatior Dermatol Aggregate		Date of Receipt  M M M / 29 / 2007  Transaction ID: ec54ff7c6b895e9efb9  Amount of Each Receipt this Period  250.00
s	UBTOTAL of Receipts This Page (optional)		······	1050.00
Т	OTAL This Period (last page this line number onl	v)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Dermatology Asso	ociation Po	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial)  Teresa DeGiacomo  Mailing Address 338 Lincoln St  City  Norwell  FEC ID number of contributing federal political committee.  Name of Employer South Coast Dermatology  Receipt For:  Primary General Other (specify)	State MA  C  Occupatior Physician Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Daniel Foit!  Mailing Address 445 E 58th St  City  New York  FEC ID number of contributing federal political committee.  Name of Employer Sutton Place Dermatology  Receipt For:  Primary General Other (specify)	State NY  C Occupation Dermatol Aggregate		Date of Receipt  M M M / 28 / 2007  Transaction ID: 8b9e0e0cd9e5362acab  Amount of Each Receipt this Period  250.00
<b>5.</b>	Full Name (Last, First, Middle Initial) Scott Glazer  Mailing Address 2839 Woodmere Dr  City Northbrook  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State IL  C C  Occupation Physician Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	1615.00
T	OTAL This Period (last page this line number on	lv)	<b>.</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one)  X 11a 11b 11c 12
•	of the section of the section of October 1991			13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Dermatology Asso	ociation Po	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Lee Grafton			Date of Receipt
	Mailing Address 765 Highway 308			11 29 YYYY 2007
	City	State	Zip Code	Transaction ID: 50cb89256d3b7b13e66
	Thibodaux	LA	70301-7903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Grafton Dermatology	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Robert Greenberg			Date of Receipt
	Mailing Address Ste 130 5201 Norris Canyon Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 9da1f9d269622c83bc0
	San Ramon	CA	94583-5410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Dermatol		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
).	Full Name (Last, First, Middle Initial) Hubert Greenway			Date of Receipt
Mailing Address PO Box 946				1 1 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: ed54c8253b9a993a7f6
	Rancho Santa Fe	CA	92067-0946	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Scripps Clinic	Occupation Dermatol		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1500.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
	/			

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/28
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Academy of Dermatology Ass	sociation Po	olitical Action Committee	
Full Name (Last, First, Middle Initial) A. Anna Guanche			Date of Receipt
Mailing Address 24948 Lorenzo Ct			111 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 99000a08e2e505bb67c
Calabasas  FEC ID number of contributing federal political committee.	CA	91302-3088	Amount of Each Receipt this Period  250.00
Name of Employer Bella Skin Institute	Occupation Physician		
Receipt For:	<u> </u>	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  Marshall Guill			Date of Receipt
Mailing Address 918 Littleton St			11 28 7 2007
City	State	Zip Code	Transaction ID: c1570dd77d360b3abbc
Augusta	GA	30904-6122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Augusta Dermatology Assoc-	Occupation		
iates Receipt For:	Dermatol	ogisi Year-to-Date ▼	-
Primary General	, iggi ogalo		1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Andrew Herbst			Date of Receipt
Mailing Address Apt 3L 401 E 81st St			1 1 2 8 2 0 0 7
City	State	Zip Code	Transaction ID: de18d046b1e3de9a6e7
New York	NY	10028-5813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Self Employed	Occupation		7
Receipt For:	Physician Aggregate	Year-to-Date ▼	-
Primary General Other (specify) ▼	33 33	1000.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
TOTAL This Period (last page this line number or	alv)	•	

SCHEDULE A (FEC Form 3X)		l lea canarata cabadula(a)	FOR LINE NUMBER: PAGE 13 / 28
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	
NAME OF COMMITTEE (In Full)  American Academy of Dermatology As	sociation P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Floyd Howsden  Mailing Address 825 Apple Hill Dr  City Allen  FEC ID number of contributing federal political committee.  Name of Employer	State TX C	Zip Code 75013-3339	Date of Receipt  M M M / 30 / 2007  Transaction ID: 03017777e4d0584927c  Amount of Each Receipt this Period  365.00
Self Employed  Receipt For:  Primary General  Other (specify) ▼	Physicia		
Full Name (Last, First, Middle Initial) John Huber Mailing Address 620 S Belvedere Blvd			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Memphis	State TN	Zip Code 38104-5004	Transaction ID: 2b3d5b703dc1c2fc4d8  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Memphis Dermatology Clinic	Occupation Dermato		500.00
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Robert Hudson  Mailing Address 709 Eaton Ln			Date of Receipt    M
City <u>La</u> redo	State TX	Zip Code 78041-2837	Transaction ID: eae6fd10e6300a3457e  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	250.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			1115.00
TOTAL This Period (last page this line number of	only)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 / 28
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	American Academy of Dermatology Asset	ociation Po	olitical Action Committee	
۹.	Full Name (Last, First, Middle Initial) Tim loannides			Date of Receipt
	Mailing Address 1340 Olde Doubloon Dr			1 1 2 0 2 0 0 7
	City State		Zip Code	Transaction ID: 94aec6d2786b7194c85
	Vero Beach	FL	32963-2455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:		Year-to-Date ▼	-
	Primary General	7.99.094.0	Tour to Bate V	
	Other (specify) ▼		1100.00	
				'
3.	Full Name (Last, First, Middle Initial) Bernett Johnson			Date of Receipt
	Mailing Address 8218 Westminster Rd			M M / D D / Y Y Y
	-			11 06 2007
	City	State	Zip Code	Transaction ID: 4a35546bd6a4eb970fe
	Elkins Park	PA	19027-1409	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer University of Pennsylvania	Occupation	1	
	Hospital	Dermatol	ogist	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	0 0 0 0 0 0	
•	Full Name (Last, First, Middle Initial)			Date of Receipt
٠.	Nora Kachaturoff Mailing Address 707 Trombley Rd			<b>-</b>
	Mailing Address 707 Trombley Rd			1 1 0 6 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: a43e0520aa6aeb62dc2
	Grosse Pointe Park	MI	48230-1845	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)			600.00
	. 5 . ,			
T	OTAL This Period (last page this line number on	ly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 15 / 28
IT	EMIZED RECEIPTS		or each category of the	(check only one)	
•			Detailed Summ		X   11a     11b     11c     12     15     16     17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be so ress of an	ld or used by any perso y political committee to	on for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	American Academy of Dermatology Asso	ociation Po	olitical A	ction Committee	
۹.	Full Name (Last, First, Middle Initial) Indira Krishnarao				Date of Receipt
	Mailing Address 1400 Hidden Lakes Dr NE	E			1 1 2 9 2 0 0 7
	City	State	Zip C	ode	Transaction ID: d71b9760e9ccf6a53ef
	Warren	OH	4448	4-4148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			750.00
	Name of Employer Self Employed	Occupation Dermatol			
	Receipt For:	Aggregate	Year-to-D	ate <b>V</b>	
	Primary General Other (specify) ▼			750.00	
3.	Full Name (Last, First, Middle Initial) Catherine Laughlin				Date of Receipt
	Mailing Address 4715 S Kimbrough Ave				11 28 YYYYY 2007
	City	State	Zip C		Transaction ID: 39adfc16623d2b2b32d
	Springfield	MO	6581	0-1853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Ferrell-Duncan Clinic	Occupation Physician			
	Receipt For:	Aggregate	Year-to-D	ate <b>V</b>	
	Primary General  Other (specify) ▼			500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Susana Leal-Khouri				Date of Receipt
	Mailing Address 478 Bay Ln	Mailing Address 478 Bay Ln			
	City	State	Zip C		<b>Transaction ID:</b> 2c7cb07b22d88504a44
	Key Biscayne	FL	3314	9-1702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer Self Employed	Occupation Physician			
	Receipt For:	Aggregate	Year-to-D	ate 🔻	. [
	Primary General  Other (specify) ▼			365.00	
s	UBTOTAL of Receipts This Page (optional)				1615.00
	. 3 (1)				

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)		Lisa sanarata sahadula(s)	FOR LINE NUMBER: PAGE 16 / 28
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)         X       11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and Stror for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Academy of Dermatology As	sociation P	olitical Action Committee	
Full Name (Last, First, Middle Initial) Stuart Leicht  Mailing Address FI 2 325 S North St  City Johnson City  FEC ID number of contributing federal political committee.  Name of Employer ETSU  Receipt For: Primary General Other (specify)	State TN  C  Occupation Dermato Aggregate		Date of Receipt  M M / 29 / 2007  Transaction ID: cb38a0fa4d3052b1909  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  John Lepage  Mailing Address 972 Yankee Trace Dr	0 0		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2c0b2a5601e1787ee09
Centerville  FEC ID number of contributing federal political committee.	OH C	45458-4083	Amount of Each Receipt this Period  365.00
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Gary Lichten Mailing Address 3789 Mapleleaf HI			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: ea76124aec6dd35c277
Akron FEC ID number of contributing federal political committee.	ОН	44333-8311	Amount of Each Receipt this Period  250.00
Name of Employer Self Employed	Occupation Physician	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			865.00
TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/28						
TEMIZED RECEIPTS			or each category of the	(check only one)						
• • •			Detailed Summary Page	X   11a   11b   11c   12   15   16   17						
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions						
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,							
$\rangle$	American Academy of Dermatology Asso	ciation Po	olitical Action Committee	_						
۹.	Full Name (Last, First, Middle Initial) Bobby Limmer			Date of Receipt						
	Mailing Address Ste 210  14615 San Pedro Ave			1 1 2 8 2 0 0 7						
	City San Antonio	State TX	Zip Code 78232-4374	Transaction ID: b27a281b28228a9cba8						
	FEC ID number of contributing federal political committee.	C	70232-4374	Amount of Each Receipt this Period  500.00						
	Name of Employer Self Employed	Occupation Physician								
	Receipt For:		Year-to-Date ▼							
	Primary General Other (specify) ▼	0 0	500.00							
3.	Full Name (Last, First, Middle Initial) Mark Ling			Date of Receipt						
Mailing Address 393 Mill Creek Bnd NE				111 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 5ac4d58e439e9a692ba						
	Atlanta	GA	30307-1176	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00						
	Name of Employer Newnan Deramtology	Occupation								
	Receipt For:	Dermatol	ogist Year-to-Date ▼	-						
	Primary General	7.99.094.0								
	Other (specify) ▼	0 0	250.00							
	Full Name (Last, First, Middle Initial) Morgan Magid			Date of Receipt						
	Mailing Address Ste E 1661 Soquel Dr			11 29 2007						
	City	State	Zip Code	Transaction ID: f36c103a5302002a9fa						
	Santa Cruz	CA	95065-1709	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Self Employed	Occupation Dermatol								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General  Other (specify) ▼		500.00							
sı	JBTOTAL of Receipts This Page (optional)			1250.00						
т/	OTAL This Period (last nage this line number only	v)								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Dermatology Asso	ociation Po	olitical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Gary McCracken  Mailing Address 8031 E Mercer Ln  City Scottsdale  FEC ID number of contributing federal political committee.  Name of Employer North Scottsdale Dermatology Receipt For: Primary General Other (specify)	State AZ C Occupation Physician Aggregate		Date of Receipt  M M M / 29 / 2007  Transaction ID: 60115083600f86e7eea  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial)  Mary McTigue  Mailing Address 3801 Rachels GIn  City  Bloomington  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State IN  C Occupation Physiciar Aggregate		Date of Receipt  M M A 28 2007  Transaction ID: d7a5f60724f46c20b51  Amount of Each Receipt this Period  1000.00
Э.	Full Name (Last, First, Middle Initial)  Elizabeth Miller  Mailing Address 3015 Kisdon Hill Dr  City  Waukesha  FEC ID number of contributing federal political committee.  Name of Employer Waukesha Medical Centers  Receipt For:  Primary General  Other (specify)	State WI  C  Occupation Dermatol Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 17a3f39b3e7c77922da  Amount of Each Receipt this Period  365.00
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1615.00
T	OTAL This Period (last page this line number onl	v)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Dermatology Ass	ociation P	olitical Action Committee	
<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Miller  Mailing Address 6 Tallmadge Gate  City Setauket  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State NY C Occupation Physiciar Aggregate		Date of Receipt  M M J 28 2007  Transaction ID: b875cf4a82e6c450c06  Amount of Each Receipt this Period  500.00
3.	Full Name (Last, First, Middle Initial) Robert Nagy  Mailing Address Ste 302 560 Van Reed Rd  City Wyomissing  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State PA C Occupation Physician Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D</b> .	Full Name (Last, First, Middle Initial) Rube Pardo Mailing Address 1828 Ponce De Leon Blv City Coral Gables FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State FL C Occupation Physician		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number or	ılv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 28					
TEMIZED RECEIPTS	,	or each category of the	(check only one)  X 11a 11b 11c 12					
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17					
Any information copied from such F or for commercial purposes, other t	Reports and Statements may han using the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
NAME OF COMMITTEE (In Fu	ll)							
American Academy of Deri	matology Association Pe	olitical Action Committee						
Full Name (Last, First, Middle In Margaret Parsons	nitial)		Date of Receipt					
Mailing Address Ste 600 5340 Elvas			11 30 7 2007					
City Sacramento	State CA	Zip Code 95819-2385	Transaction ID: 78BE5051-EADA-48D1- Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	33013 2003	500.00					
Name of Employer Dermatology Consultants	Occupation Physician		7					
Receipt For:		e Year-to-Date ▼						
Primary General Other (specify) ▼		1000.00						
Full Name (Last, First, Middle In Margaret Parsons	nitial)		Date of Receipt					
Mailing Address Ste 600 5340 Elvas			11 30 7 2007					
City	State	Zip Code	Transaction ID: AE668F2A-A158-48DA-					
Sacramento	CA	95819-2385	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		500.00					
Name of Employer Dermatology Consultants	Occupation Physician							
Receipt For:		e Year-to-Date ▼						
Primary General		1000.00	1					
Other (specify)	0 0	1000.00						
Full Name (Last, First, Middle In Earl Pearson	nitial)		Date of Receipt					
Mailing Address PO Box 14	08		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State	Zip Code	Transaction ID: 03b42e407866a988c1c					
Porterville	CA	93258-1408	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1000.00					
Name of Employer Physician	Occupation Dermatol							
Receipt For:		e Year-to-Date ▼						
Primary General Other (specify) ▼		1000.00						
SUBTOTAL of Receipts This Pag	ge (optional)	)	2000.00					
TOTAL This Period (last page this	s line number only)							
I DIAL THIS I CHOU (last page this	э што питно <del>с</del> т Опу <i>)</i>	······································						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	PAGE 21 / 28					
	ED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 1  13 14	11c   12 15   16   17				
Any informa	ation copied from such Reports and Sta nercial purposes, other than using the n	Itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solic	iting contributions				
\	OF COMMITTEE (In Full) can Academy of Dermatology Ass	sociation P	olitical Action Committee						
<b>4.</b> James F	ne (Last, First, Middle Initial) Petrin Address 11613 134th Avenue Ct	F		Date of Receipt	/ Y Y Y Y				
			Zip Code	11 21					
City State Puyallup WA			98374-5046	Amount of Each Re					
FEC ID number of contributing federal political committee.					1000.00				
Name of Employer Occupati Self Employed Dermati									
	For: imary General ther (specify) ♥	Aggregate	Year-to-Date ▼ 1000.00						
Full Nar Trisha P	ne (Last, First, Middle Initial) rossick			Date of Receipt					
Mailing Address 9127 Constance St  City State Lenexa KS				1 1 2 0					
			Zip Code	Transaction ID: 9e9514fb131cfb234e3					
			66215-3063	Amount of Each Re	eceipt this Period				
FEC ID number of contributing federal political committee.				300.00					
	f Employer an Dermatology Asso-	Occupation Dermatol							
<u>ciates</u> Receipt	For:		Year-to-Date ▼						
Pı	rimary General ther (specify) ♥		300.00						
Full Nar	ne (Last, First, Middle Initial)			Date of Receipt					
	Address Apt 202 512 7th Sq			M M / D D D 1 1 1 2 1					
City		State	Zip Code		3040d7b83f943dce8f				
<u>Vero E</u>		FL	32962-1611	Amount of Each Re	eceipt this Period				
federal	number of contributing political committee.	C			250.00				
Name o Self Em	f Employer ployed	Occupation Physician							
	For: imary General ther (specify) ♥		Year-to-Date ▼ 250.00						
SUBTOTA	AL of Receipts This Page (optional)				1550.00				
TOTAL T	his Period (last page this line number o	nly)	<b>&gt;</b>						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 28						
TEMIZED RECEIPTS			or each category of the	(check only one)						
• •			Detailed Summary Page	X   11a   11b   11c   12   15   16   17						
Ar	ny information copied from such Reports and Statem	nents mav	not be sold or used by any perso	n for the purpose of soliciting contributions						
or	for commercial purposes, other than using the name	e and add	lress of any political committee to	solicit contributions from such committee.						
\	NAME OF COMMITTEE (In Full)									
/	American Academy of Dermatology Associ	iation Po	Dilitical Action Committee	_						
۹.	Full Name (Last, First, Middle Initial) Matthew Shaffer			Date of Receipt						
	Mailing Address 23 Crestview Dr			111 28 7 2007						
	•	State	Zip Code	Transaction ID: 13ec086a62ecd0ac3bc						
	Salina	KS	67401-3587	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	Heartland Dérmatology I	occupation hysician								
			Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00							
3.	Full Name (Last, First, Middle Initial) Sheldon Shore			Date of Receipt						
Mailing Address 2233 Vermont St				11 1 12 / 2007						
	•	State	Zip Code	Transaction ID: ed529c61f1c8f8061c1						
	Quincy	<u>IL</u>	62301-3161	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer O Quincy Medical Group	ccupation	1	7						
		hysician								
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		250.00							
_	Full Name (Last, First, Middle Initial)			Date of Bookist						
٠.	Nancy Silverberg  Mailing Address 25441 Wagon Wheel Cir			Date of Receipt						
	23441 Waguii Wileel Oli			11 28 2007						
		State	Zip Code	Transaction ID: d87db0edebd174449da						
	Laguna Hills	CA	92653-5838	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		250.00						
	Name of Employer Occupation Self Employed		1	7						
		ermatol								
		Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼			250.00							
				'						
s	UBTOTAL of Receipts This Page (optional)			1000.00						
_	OTAL This Bushalian and the control of the control									
Т	OTAL This Period (last page this line number only)		<b>•</b>							

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 28						
	EMIZED RECEIPTS		or each category of the	(check only one)						
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17						
An	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any perso							
		ne and ado	ress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
/	American Academy of Dermatology Asso	ciation Po	olitical Action Committee							
۹.	Full Name (Last, First, Middle Initial) David Smack			Date of Receipt						
	Mailing Address 22620 Handy Point Rd			M M / D D / Y Y Y Y Y 1 1 1 2 8 2 0 0 7						
	City	State	Zip Code	Transaction ID: 0f0d55ccd17cffbdc35						
	Chestertown	MD	21620-4017	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.				250.00						
	Solf Employed 1	Occupation Physician								
			Year-to-Date ▼	-						
	Primary General Other (specify) ▼	00 0	250.00							
		0 0	0 0 0 0 0 0 0							
	Full Name (Last, First, Middle Initial) Mark Taylor			Date of Receipt						
Mailing Address 1549 Vineyard Dr				11 28 2007						
	City	State	Zip Code	Transaction ID: f27866ba0e75d4c0fe6						
	Bountiful	UT	84010-1333	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Self Employed	Occupation	1	7						
		Dermatol	•							
		Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		500.00							
	Cuter (specify)	0 0	0 0 0 0 0 0 0							
о. Э.	Full Name (Last, First, Middle Initial) William Patrick Teer			Date of Receipt						
	Mailing Address 215 Bascom Rd			11 28 2007						
	City	State	Zip Code	Transaction ID: 546ff2c6eef884f58b3						
	<u>Jackson</u>	TN	38305-8802	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		750.00						
	Colf Employed 1	Occupation Physician								
			Year-to-Date ▼	1						
Primary General Other (specify) ▼			750.00							
				4500.00						
SI	JBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1500.00						
т	OTAL This Period (last page this line number only	γ)	<b>)</b>							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 28						
ITEMIZED RECEIPTS		or each category of the	(check only one)						
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
American Academy of Dermatology A	Association P	olitical Action Committee							
Full Name (Last, First, Middle Initial) <b>A.</b> Tamra Whiteley-Myers			Date of Receipt						
Mailing Address 5800 N Camino Artur	0		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y						
City	State	Zip Code	Transaction ID: c17a67f4112704251d7						
Tucson	AZ	85718-2904	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer Self Employed	Occupation Physician								
Receipt For:	, i –	e Year-to-Date ▼							
Primary General Other (specify) ▼		250.00							
Full Name (Last, First, Middle Initial)  3. Barbara Wilson			Date of Receipt						
Mailing Address 4612 N Wilshire Rd			11 21 2007						
City	State	Zip Code	Transaction ID: c0f291212841ae6d18f						
Milwaukee	WI	53211-1260	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer Medical College of Wiscon-	Occupation								
sin Receipt For:	Dermato	logist e Year-to-Date ▼	_						
Primary General	riggrogate		1						
Other (specify) ▼	0 0	250.00							
Full Name (Last, First, Middle Initial)  Jonathan Zirn			Date of Receipt						
Mailing Address 47 Steep Hill Rd			1 1 0 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State	Zip Code	Transaction ID: ee51302a35ab4f3016c						
Weston	CT	06883-1810	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		500.00						
Name of Employer Self Employed	Occupation Physician								
Receipt For:	Aggregate	e Year-to-Date ▼							
Primary General Other (specify) ▼		500.00							
SUBTOTAL of Receipts This Page (optional) .			1000.00						
, 5 (1 )			25555.00						
TOTAL This Period (last page this line numbe	r only)		2000.00						

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 28 (check only one)  11a 11b 11c 12 13 14 15 X 16 17
	Statements may not be sold or used by any pers he name and address of any political committee t	
NAME OF COMMITTEE (In Full)  American Academy of Dermatology	Association Political Action Committee	
Full Name (Last, First, Middle Initial) People for Pete Domenici Mailing Address Post Office Box 936	56	Date of Receipt  1 1 1 1 6 2 0 0 7
City Albuquerque FEC ID number of contributing federal political committee.	State Zip Code NM 87199	Transaction ID: 18898-59356325864792 Amount of Each Receipt this Period 1000.00
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  1000.00	

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00
TOTAL This Period (last page this line number only)	<b>•</b>	1000.00

# SCHEDULE B (FEC Form 3X)

		Use seperate schedule(s	check o		ly one)							
П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1-	21b 27		<sup>22</sup> [	23 28b	24	П	25 29	П	26 30b
An	y Information copied from such Reports and Staten	lents may not be sold or use	ed by a			28a he nurn		28c	contri		Щ	300
	for commercial purposes, other than using the nam											
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
$\rangle$	American Academy of Dermatology Assoc	iation Political Action C	ommi	ttee								
	Full Name (Last, First, Middle Initial)				T	ransac	tion ID:	V21454	 1-928	33105	731	010
٩.	American Express				[		Disburse	ement				
	Mailing Address PO Box 53852					1 1 M	<sup>′</sup> 0	1 /	ž	0 ŏ 7	Υ	
	City	State Zip Code			/	Amount	of Each	Disburse	men	t this P	erio	k
	Phoenix	AZ 85072-3852	2		_		•			271 1	5	
	Purpose of Disbursement Amex Fees			001						271.1	5	
	Candidate Name			egory/								
				ype								
	Office Sought: House Disburse	ement For:	•									
	Senate	Primary General										
	President State: District:	Other (specify)										
	Full Name (Last, First, Middle Initial)				<b>-</b>			\\(\alpha\)		70000		470
3.	American Express						ti <b>on ID:</b> Disburse	V21454 ement	1-82	/9382	586	4/9
					4 1	M M	/ D	D / `	ΥΥΥ	0 ŏ 7	Υ	
	Mailing Address PO Box 53852					11				007	_	
	City Phoenix	State Zip Code AZ 85072-3852	)		/	Amount	of Each	Disburse	ment	t this P	erio	b
	Purpose of Disbursement	AZ 03072-3032	_ 		+					7.3	3	
	Contribution			001						-	-	
	Candidate Name			egory/								
	000		T	уре								
	Office Sought: House Disburse Senate	ement For:  Primary General										
	President	Other (specify)										
	State: District:											
_	Full Name (Last, First, Middle Initial)				1	ransac	tion ID:	V21454	1-74	47015	643	1119
J.	Merchant Services						Disburse					
	Mailing Address PO Box 6603					1 1	/ D	1 '	ź	0 ŏ 7	Y	
	City Hagerstown	State Zip Code MD 21741-6603	2		/	Amount	of Each	Disburse	ment	t this P	erio	t —
	Purpose of Disbursement	217-1-0000	, T —		-					136.9	5	
	Contribution 001										_	
	Candidate Name		egory/									
	Office Sought: House Disburse	ment Fer		уре	4							
	Office Sought: House Disburse Senate	ement For:  Primary General										
	President	Other (specify) ▼										
	State: District:	·										
_					Ī					415.4	3	٦
S	UBTOTAL of Disbursements This Page (optional)			<u>       ▶</u>		-				713.4		_
Т	OTAL This Period (last page this line number only)			. •								

### Image# 27931636003

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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 27/28				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one)  22 23 24 25 26 28a 28b 28c 29 30b				
	y Information copied from such Reports and Stator commercial purposes, other than using the r							
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
<u>/</u>	American Academy of Dermatology Association Political Action Committee							
۹.	Full Name (Last, First, Middle Initial)			Transaction ID: V21454-7292138934135				
	Merchant Services	Date of Disbursement    M   M						
	Mailing Address PO Box 6603							
	City Hagerstown	State Zip Code MD 21741-6603		Amount of Each Disbursement this Period				
	Purpose of Disbursement VS/MC Fee 001			685.94				
	Candidate Name Category/							
	Office Sought: House Disb	ursement For:						
	Senate	Primary General						
	President	Other (specify)						
	State: District:							

SUBTOTAL of Disbursements This Page (optional)	•	685.94
TOTAL This Period (last page this line number only)	<b>—</b>	1101.37

# SCHEDULE B (FEC Form 3X)

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	dule(s)	FOR LINE NUMBER: PAGE 28 / 28				
IT	EMIZED DISBURSEMENTS	for each category o Detailed Summary	f the	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30b		
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam							
$\left. \right\rangle$	NAME OF COMMITTEE (In Full)  American Academy of Dermatology Associations and Academy of Dermatology					Total Good Committee		
۹.	Full Name (Last, First, Middle Initial) Friends of Dave Weldon  Mailing Address 2525 Aurora Road			Transaction ID: 57100-3596917986869  Date of Disbursement    M				
	Suite 2  City Melbourne	State Zip Code FL 32935				Amount of Each Disbursement this Period		
	Purpose of Disbursement Contribution	011	1000.00					
	Candidate Name Dave Weldon  Office Sought: X House Disburs	ement For: 200		Category/ Type				
			eneral					
3.	Full Name (Last, First, Middle Initial) Lot of People for Dave Obey				Transaction ID: 57100-4248163104057 Date of Disbursement			
	Mailing Address 525 Washington Street PO Box 1322					111 / 09 / 2007		
	City Wausau	State Zip Code WI 54402	e 		Amount of Eac	ch Disbursement this Period 2500.00		
	Purpose of Disbursement Contribution Candidate Name David Obey		011 Category/ Type	2300.00				
		ement For: 200 Primary Ge Other (specify)	eneral					
Э.	Full Name (Last, First, Middle Initial) Rogers for Congress			Transaction ID: 50460-8944055438041 Date of Disbursement				
	Mailing Address PO Box 581 Post Office Box 581	1 1 M M / D 1 6 / Y 2 0 0 7 Y						
	City Brighton	State Zip Code MI 48116	e		Amount of Eac	ch Disbursement this Period		
	Purpose of Disbursement Contribution Candidate Name Onterior Onter					1000.00		
	Mike Rogers	ement For: 200		Type				
			eneral					
s	UBTOTAL of Disbursements This Page (optional)			<b>&gt;</b>		4500.00		
Т	OTAL This Period (last page this line number only	)				4500.00		